Ð	ocumi	ent Des	cription: Transmitta	l Lette	r		PTO/SB/21 (07-09)							
				•.			Approved for use through 07/31/2012. OMB 0651-0031							
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A	AB	<u> </u>	<u> </u>		Application Number	10/533	_							
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	_	E IN	FORM		First Named Inventor	Marku	s Krumme							
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	(10	E Sood for	all correspondence after initial	filing)	Examiner Name		S. Orwig							
100 K	DADEM			illing)	Attorney Docket Number		7US.RCE (#90568)							
_	Total	al Number of	Pages in This Submission			10403	(1703.RCE (#70300)							
ENCLOSURES (Check all that apply)														
	X	Fee Tran	smittal Form		Drawing(s)		After Allowance Communication to TC							
		X F	ee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences							
	X	Amendm	ent/Reply		Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)							
		Ѿ	fter Final		Petition to Convert to a Provisional Application		Proprietary Information							
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		A	ffidavits/declaration(s)		Change of Correspondence	Address								
		Extension	n of Time Request	Ш	Terminal Disclaimer		below):							
	Express Abandonment Request			Request for Refund			RCE and return postcard receipt							
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	D. Peter Hochberg Co., L.P.A				.A.		·							
	Signature													
	Date D. Peter Hochberg Out 18, 10													
				1010		Reg. No.	24,603							
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Sean Mellino

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(<u> </u>	Effective on 12	/08/2004.	4 2005 (H D 4040)	Complete if Known										
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METHOD OF PAYMENT (check all that apply)														
Check X Credit Card Money Order None Other (please identify):														
The Deposit Account Deposit Account Number: 08-2441 Deposit Account Name: D. Peter Hochberg Co., L.P.A.														
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)														
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee														
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under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card														
information and aut	horization on PTO						<u>.</u>							
FEE CALCULA		<u> </u>		·				- A						
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Application T						(\$) Fee		Fees Paid (\$)						
Utility	330			270	22		_							
Design	220			50	14	•	-							
Plant	220			165	17									
Reissue	330			270	65									
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2. EXCESS CL Fee Description						<u>F</u>		nall Entity Fee (\$)						
	over 20 (includi	ng Reissue	es)				52	26						
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3 APPLICATION	N SIZE FEE					, ~-	•							
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4. OTHER FEE Non-Englis	4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)													
Other (e.g., late filing surcharge): request for continued examination 810.00														
SUBMITTED BY	1													
Signature	JAH J	70		Registration No.	24	,603	Telephone	216-771-3800						
	W I VOI	$\omega \sim$		(Attorney/Agent)	27	,000	L	300 2000						

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Name (Print/Type) D. Peter Hochberg